UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

David H. Lane
Ramona M. Lane,

BKY No. 16-41679 – KHS
Chapter 7

Debtors.

NOTICE OF HEARING AND VERIFIED MOTION FOR OBJECTION TO ALLOWANCE OF CLAIMS

To: The debtors and other parties in interest specified in Local Rule 9013-3.

1. John R. Stoebner, attorney for trustee of the above-captioned estate, moves the Court for the relief requested below and gives notice of hearing herewith.

2. The Court will hold a hearing on this motion on January 4, 2017, at 9:30 a.m., in Courtroom No. 8 West at the U.S. Courthouse, 300 South Fourth Street, Minneapolis, Minnesota 55415, or as soon thereafter as counsel can be heard.

3. Any response to this motion must be filed and served not later than December 30, 2016, which is five days before the time set for the hearing (including Saturdays, Sundays, and holidays). **UNLESS A RESPONSE OPPOSING THE MOTION IS TIMELY FILED, THE COURT MAY GRANT THE MOTION WITHOUT A HEARING.**

4. This Court has jurisdiction over this motion pursuant to 28 U.S.C. §§ 157 and 1334, Bankruptcy Rule 5005 and Local Rule 1070-1. This proceeding is a core proceeding. The petition commencing this case as a Chapter 7 case was filed on June 1, 2016, and the case is now pending before this Court.

5. This motion arises under 11 U.S.C. § 502 and Bankruptcy Rule 3007. This motion is filed under Bankruptcy Rule 9014 and Local Rules 3007-1 and 9013-1 through 9019-1(d). Movant requests relief with respect to the following objection to allowance of claims. True and correct copies of said claims are attached to the Motion as filed with the Court. A complete copy of this Motion and

attached claims may be viewed at the Bankruptcy Court's web site at www.mnb.uscourts.gov.

6. The following claimants have filed a Proof of Claim in the above-captioned case.

Claimant	Date Filed	Amount	Type of Claim	Claim No.
KTMY-FM LLC	08/11/16	$20,338.50	Unsecured	5
Sara Bukowski	08/29/16	$4,090.00	Unsecured	9
Kay Gruber	10/10/16	$1,865.00	Unsecured	20
Wells Fargo Bank, N.A.	10/19/16	$102,798.63	Unsecured	22
Kaitlin Steiner	09/08/16 11/09/16	$4,000.44 $4,000.44	Unsecured Unsecured	10 26

7. The Trustee objects to foregoing claims on the basis that these claims are business debts and the obligation of Independent Professionals PC; Simply Smooth LLC; or Simply Smooth Ridgedale LLC, a Minnesota Corporation, and not the debtors personally. The Trustee made written demand upon Claimants for withdrawal of their claims as not being an obligation owed by the debtors in this case or, alternatively, for documentation supporting the assertion of personal liability. Claimants failed to provide written proof of the debtors' personal liability.

8. Except to the extent Claimants show evidence supporting an assertion of personal liability, said claims should be disallowed.

WHEREFORE, the Trustee respectfully moves the Court for an Order that disallows the aforesaid claims, and for such other relief as may be just and equitable.

LAPP, LIBRA, THOMSON, STOEBNER
& PUSCH, CHARTERED

Dated: November 30, 2016

/e/ John R. Stoebner
John R. Stoebner (#140879)
120 South Sixth Street, Suite 2500
Minneapolis, MN 55402
612/ 338-5815

Attorney for Trustee

VERIFICATION

I, John R. Stoebner, the moving party named in the foregoing Notice of Hearing and Motion, declare under penalty of perjury that the foregoing is true and correct according to the best of my knowledge, information, and belief.

Executed on November 30, 2016

/e/ John R. Stoebner
John R. Stoebner, Attorney for Trustee

Fill in this information to identify the case:

Debtor 1 David Lane
Debtor 2 Ramona Lane
(Spouse, if filing)
United States Bankruptcy Court **District of Minnesota**
Case number: **16−41679**

FILED
U.S. Bankruptcy Court
District of Minnesota
8/11/2016
Lori Vosejpka, Clerk

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. Who is the current creditor?

KTMY−FM LLC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor: My Talk 107.1

2. Has this claim been acquired from someone else?

☑ No
☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
KTMY−FM LLC	Attn: Gayle Kowalzek
Name	Name
SDS 12−2428 PO BOX 86 MINNEAPOLIS MN 55486−2428	3415 University Avenue St. Paul, MN 55114
Contact phone 651−642−4187	Contact phone 651−642−4187
Contact email gkowalzek@hbi.com	Contact email gkowalzek@hbi.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☑ No
☐ Yes. Claim number on court claims registry (if known) ______ Filed on ______ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☑ No
☐ Yes. Who made the earlier filing?

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

☑ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____________

7. How much is the claim?

$ 20338.50

Does this amount include interest or other charges?
☑ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as healthcare information.

Advertising services

9. Is all or part of the claim secured?

☑ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410−A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: ____________

Basis for perfection: ____________

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $ ____________

Amount of the claim that is secured: $ ____________

Amount of the claim that is unsecured: $ ____________ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: $ ____________

Annual Interest Rate (when case was filed) ______ %

☐ Fixed
☐ Variable

10. Is this claim based on a lease?

☑ No
☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $ ____________

11. Is this claim subject to a right of setoff?

☑ No
☐ Yes. Identify the property: ____________

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☑ No
☐ Yes. *Check all that apply*:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
☐ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$
☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	$

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

☑ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 8/11/2016
MM / DD / YYYY

/s/ Gayle Kowalzek
Signature

Print the name of the person who is completing and signing this claim:

Name: Gayle Kowalzek
First name Middle name Last name

Title: Accounting Manager

Company: Hubbard Radio
Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 3415 University Avenue
Number Street
St. Paul, MN 55114
City State ZIP Code

Contact phone 651-642-4187 Email gkowalzek@hbi.com

Hubbard Radio Group
Statement of Account

myTalk 107.1

Statement Date: 12/16/2015
Aged As Of: 12/16/2015
Page: 1

COPY

Agency: MEDIA BRIDGE ADVERTISING
211 N 1ST STREET SUITE 325
MINNEAPOLIS, MN 55401

Advertiser: SIMPLY SMOOTH

Transaction Number	Transaction Date	Contract Number	Station	Check Number	Net Amount	Applied Amount	Net Due
IN-11507135252	07/26/2015	73100	KTMY-FM		$375.00		$0.00
BA-3150912951	09/20/2015	73100	KTMY-FM			($150.00)	
PA-2150975140	09/28/2015	73100	KTMY-FM	Amex		($225.00)	
IN-11507135254	07/26/2015	71833	KTMY-FM		$6,137.00		$0.00
PA-2150975140	09/28/2015	71833	KTMY-FM	Amex		($6,137.00)	
IN-11507135255	07/26/2015	71832	KTMY-FM		$2,125.00		$0.00
PA-2150975140	09/28/2015	71832	KTMY-FM	Amex		($2,125.00)	
IN-11508136611	08/30/2015	73100	KTMY-FM		$625.00		$0.00
PA-2151075284	10/08/2015	73100	KTMY-FM	Amex		($625.00)	
IN-11508136613	08/30/2015	71833	KTMY-FM		$3,442.50		$0.00
PA-2151075284	10/08/2015	71833	KTMY-FM	Amex		($3,442.50)	
IN-11508136615	08/30/2015	71832	KTMY-FM		$2,656.25		$0.00
PA-2151075284	10/08/2015	71832	KTMY-FM	Amex		($2,656.25)	
IN-11509137594	09/27/2015	73100	KTMY-FM		$500.00		$500.00
IN-11509137596	09/27/2015	71833	KTMY-FM		$6,137.00		$6,137.00
IN-11509137599	09/27/2015	71832	KTMY-FM		$2,125.00		$2,125.00
IN-11510137962	10/25/2015	73100	KTMY-FM		$500.00		$500.00
IN-11510137965	10/25/2015	71833	KTMY-FM		$6,137.00		$6,137.00
IN-11510137969	10/25/2015	71832	KTMY-FM		$2,125.00		$2,125.00
IN-11511138879	11/15/2015	71832	KTMY-FM		$1,062.50		$1,062.50
IN-11511139189	11/29/2015	73100	KTMY-FM		$375.00		$375.00
IN-11511139376	11/29/2015	71833	KTMY-FM		$1,377.00		$1,377.00

0 - 27 days	28 - 62 days	63 - 90 days	91 - 118 days	119 - 153 days	154+ days	Net Due
$1,752.00	$9,824.50	$8,762.00	$0.00	$0.00	$0.00	$20,338.50

Remit To: KTMY-FM, LLC
SDS 12-2428
P.O. Box 86
Minneapolis, MN 55486-2428

Simply Smooth
Medical Spa - Laser Hair Removal

COPY

April 6, 2015

Re: Simply Smooth Medical Spa

To Whom It May Concern:

We have entered into an agreement empowering Media Bridge Advertising to act as our media service agency.

In such capacity, we authorize them to indicate to any media facility with whom they act for us that they are acting as an Agent for a disclosed Principle: Simply Smooth Medical Spa.

Simply Smooth Medical Spa
c/o Media Bridge Advertising
211 N 1st St
Suite 325
Minneapolis, MN 55401

Simply Smooth Medical Spa agrees to be solely liable to each media facility for prompt payment of all media invoices.

Sincerely,

Melanie Hoirup Burns

Fill in this information to identify the case:

Debtor 1	David Lane
Debtor 2 (Spouse, if filing)	Ramona Lane
United States Bankruptcy Court	**District of Minnesota**
Case number:	**16−41679**

FILED
U.S. Bankruptcy Court
District of Minnesota
8/29/2016
Lori Vosejpka, Clerk

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. Who is the current creditor?

Sara Bukowski

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☑ No
☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Sara Bukowski
Name

620 80th St NW
Rice MN 56367

Contact phone 3206567719

Contact email sarabukows@yahoo.com

Where should payments to the creditor be sent? (if different)

Name

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☑ No
☐ Yes. Claim number on court claims registry (if known) ______ Filed on ______ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☑ No
☐ Yes. Who made the earlier filing?

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**	☑ No ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ________
7. **How much is the claim?**	$ 4090.00 **Does this amount include interest or other charges?** ☑ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. **What is the basis of the claim?**	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. services performed−I was still receiving treatments when the business closed with no notification.
9. **Is all or part of the claim secured?**	☑ No ☐ Yes. The claim is secured by a lien on property. **Nature of property:** ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410−A) with this *Proof of Claim*. ☐ Motor vehicle ☐ Other. Describe: ________ **Basis for perfection:** ________ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) **Value of property:** $ ________ **Amount of the claim that is secured:** $ ________ **Amount of the claim that is unsecured:** $ ________ (The sum of the secured and unsecured amounts should match the amount in line 7.) **Amount necessary to cure any default as of the date of the petition:** $ ________ **Annual Interest Rate** (when case was filed) ________ % ☐ Fixed ☐ Variable
10. **Is this claim based on a lease?**	☑ No ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $ ________
11. **Is this claim subject to a right of setoff?**	☑ No ☐ Yes. Identify the property: ________

Case 16-41679 Claim 9 Filed 08/29/16 Desc Main Document Page 3 of 3

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	☑ No ☐ Yes. *Check all that apply*:	**Amount entitled to priority**
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
	☐ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$
	☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$
	☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$
	☐ Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	$

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☑ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 8/29/2016
MM / DD / YYYY

/s/ Sara Bukowski
Signature

Print the name of the person who is completing and signing this claim:

Name: Sara Bukowski
First name Middle name Last name

Title:

Company:
Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 620 80th ST NW
Number Street
Rice, MN 56367
City State ZIP Code

Contact phone 3206567719 Email sarabukows@yahoo.com

Fill in this information to identify the case:

Debtor 1 David H. Lane

Debtor 2 (Spouse, if filing) Ramona M. Lane

United States Bankruptcy Court for the: District of Minnesota

Case number 16-41679-KHS

Send original to:
U.S. Bankruptcy Court
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. Who is the current creditor?

Kaitlin R. Steiner
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor ______

2. Has this claim been acquired from someone else?

☑ No
☐ Yes. From whom? ______

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name: Kaitlin R. Steiner	Name:
Number Street: 435 4th Ave. N.W.	Number Street:
City: Milaca State: MN ZIP Code: 56353	City State ZIP Code
Contact phone: (320)982-1263	Contact phone
Contact email	Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _

4. Does this claim amend one already filed?

☑ No
☐ Yes. Claim number on court claims registry (if known) ______ Filed on ______ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☑ No
☐ Yes. Who made the earlier filing? ______

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?
☐ No
☑ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3 4 4 4

7. How much is the claim? $ 4,000.44. **Does this amount include interest or other charges?**
☑ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?
Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Purchased services which were not performed

9. Is all or part of the claim secured?
☑ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim.*
☐ Motor vehicle
☐ Other. Describe: ____________

Basis for perfection: ____________
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $____________
Amount of the claim that is secured: $____________
Amount of the claim that is unsecured: $____________ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: $____________

Annual Interest Rate (when case was filed)_______%
☐ Fixed
☐ Variable

10. Is this claim based on a lease?
☑ No
☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $____________

11. Is this claim subject to a right of setoff?
☑ No
☐ Yes. Identify the property: ____________

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☑ Yes. *Check all that apply:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
☑ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$ 2,850.00
☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$

* Amounts are subject to adjustment on 4/01/2019 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☑ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/04/2016
MM / DD / YYYY

[signature] 9-5-16
Signature

Print the name of the person who is completing and signing this claim:

Name: Kaitlin R. Steiner
First name / Middle name / Last name

Title:

Company:
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 435 4th Ave. N.W.
Number Street

Milaca MN 56353
City State ZIP Code

Contact phone (320) 982-1263 Email

Professional Services By
Simply Smooth Laser Hair Removal 125 Waite Ave N Waite Park, MN 56387

Invoice Balance	Invoice Number
$0.00	00013444
Minimum Due	**Amount Enclosed**
$0.00	
Payment Due Date	06/26/2015

For Billing Questions: 320-252-7371 (320-2LASER1)

Kaitlin Steiner
435 4th ave north west
Milaca, Mn 56353

Simply Smooth

Date	Description	Charges	Credits	Balance
06/26/2015	_Free Repeat Consultation $0.00 @ 1 Sold By: Kristin Torblaa	$0.00		$0.00
06/26/2015	Lifetime Maintenance Plan $0.00 @ 1 Sold By: Kristin Torblaa	$0.00		$0.00
06/26/2015	Legs (Full) $1,100.00 @ 7 Sold By: Kristin Torblaa	$7,700.00		$7,700.00
	Individual Service Discount		$5,002.00	$2,698.00
06/26/2015	Brazilian (F) $500.00 @ 7 Sold By: Kristin Torblaa	$3,500.00		$6,198.00
	Individual Service Discount		$2,176.00	$4,022.00
06/26/2015	SD:Same Day Purchase Over $1000.00		$100.00	$3,922.00
06/26/2015	Service Tax	$78.44		$4,000.44
06/26/2015	Cash Payment		$4,000.44	$0.00
06/26/2015			Balance:	$0.00

Signature: ____________________ Date: 06/26/2015

Thank you for visiting Simply Smooth Laser Hair Removal. This is your receipt. Please retain for your records.

Fill in this information to identify the case:

Debtor 1 David Lane
Debtor 2 Ramona Lane
(Spouse, if filing)
United States Bankruptcy Court **District of Minnesota**
Case number: **16−41679**

FILED
U.S. Bankruptcy Court
District of Minnesota
10/10/2016
Lori Vosejpka, Clerk

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. Who is the current creditor?

Kay Gruber
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor ______

2. Has this claim been acquired from someone else?

☑ No
☐ Yes. From whom? ______

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
Kay Gruber	
Name	Name
25779 County Road 30 Albany, MN 56307	
Contact phone 3202606956	Contact phone ______
Contact email Kaymelissa99@yahoo.com	Contact email ______

Uniform claim identifier for electronic payments in chapter 13 (if you use one): ______

4. Does this claim amend one already filed?

☑ No
☐ Yes. Claim number on court claims registry (if known) ______ Filed on ______ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☑ No
☐ Yes. Who made the earlier filing? ______

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**	☑ No ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ______	
7. **How much is the claim?**	$ 1865.00	**Does this amount include interest or other charges?** ☑ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. **What is the basis of the claim?**	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Goods sold, services not recieved	
9. **Is all or part of the claim secured?**	☑ No ☐ Yes. The claim is secured by a lien on property. **Nature of property:** ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410−A) with this *Proof of Claim*. ☐ Motor vehicle ☐ Other. Describe: ______ **Basis for perfection:** ______ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) **Value of property:** $ ______ **Amount of the claim that is secured:** $ ______ **Amount of the claim that is unsecured:** $ ______ (The sum of the secured and unsecured amounts should match the amount in line 7.) **Amount necessary to cure any default as of the date of the petition:** $ ______ **Annual Interest Rate** (when case was filed) ______ % ☐ Fixed ☐ Variable	
10. **Is this claim based on a lease?**	☑ No ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $ ______	
11. **Is this claim subject to a right of setoff?**	☑ No ☐ Yes. Identify the property: ______	

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☑ No

☐ Yes. *Check all that apply*:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
☐ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$
☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	$

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

☑ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/10/2016
MM / DD / YYYY

/s/ Kay Gruber
Signature

Print the name of the person who is completing and signing this claim:

Name: Kay Gruber
First name Middle name Last name

Title:

Company:

Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 25779 County Road 30
Number Street
Albany, MN 56307
City State ZIP Code

Contact phone 3202606956 Email Kaymelissa99@yahoo.com

Fill in this information to identify the case:

Debtor 1 DAVID H LANE

Debtor 2 (Spouse, if filing) RAMONA M LANE

United States Bankruptcy Court for the: District of Minnesota

Case number 16-41679

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**

   WELLS FARGO BANK, N.A.
   Name of the current creditor (the person or entity to be paid for this claim)

   Other names the creditor used with the debtor ______

2. **Has this claim been acquired from someone else?**

   ☒ No
   ☐ Yes. From whom? ______

3. **Where should notices and payments to the creditor be sent?**

   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
Name: WELLS FARGO BANK N.A. BUSINESS DIRECT DIVISION	Name: WELLS FARGO BANK PAYMENT REMITTANCE CENTER
Number Street: PO BOX 29482 MAC S4101-08C	Number Street: PO BOX 6426
City: PHOENIX State: AZ ZIP Code: 85038	City: CAROL STREAM State: IL ZIP Code: 60197
Contact phone 888-715-4315	Contact phone 888-715-4315
Contact email BDBKINQUIRY@WELLSFARGO.COM	Contact email BDBKINQUIRY@WELLSFARGO.COM

   Uniform claim identifier for electronic payments in chapter 13 (if you use one):
   WFCBGF1641679MNM27350663

4. **Does this claim amend one already filed?**

   ☒ No
   ☐ Yes. Claim number on court claims registry (if known) ______ Filed on ______ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**

   ☒ No
   ☐ Yes. Who made the earlier filing? ______

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

- ☐ No
- ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 6 6 3

7. How much is the claim?

$ 102,798.63. **Does this amount include interest or other charges?**

- ☐ No
- ☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Money loaned

9. Is all or part of the claim secured?

- ☒ No
- ☐ Yes. The claim is secured by a lien on property.

Nature of property:

- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim.*
- ☐ Motor vehicle
- ☐ Other. Describe: ____________

Basis for perfection: ____________

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $__________

Amount of the claim that is secured: $__________

Amount of the claim that is unsecured: $__________ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: $__________

Annual Interest Rate (when case was filed)_______%

- ☐ Fixed
- ☐ Variable

10. Is this claim based on a lease?

- ☒ No
- ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $__________

11. Is this claim subject to a right of setoff?

- ☒ No
- ☐ Yes. Identify the property: ____________

Case 16-41679 Claim 3 Filed 10/19/16 Desc Main Document Page 3 of 7

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. *Check all that apply:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$____________________
☐ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$____________________
☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$____________________
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$____________________
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$____________________
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$____________________

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/19/2016______
MM / DD / YYYY

/s/ Veronica Pacheco
Signature

Print the name of the person who is completing and signing this claim:

Name: VERONICA A PACHECO
First name Middle name Last name

Title: VP, LOAN ADMINISTRATION MANAGER

Company: WELLS FARGO BANK, N.A.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: PO BOX 29482
Number Street

PHOENIX AZ 85038
City State ZIP Code

Contact phone 888-715-4315 Email BDBKINQUIRY@WELLSFARGO.COM

Case 16-41679 Claim 2 Filed 11/07/16 Desc Main Document Page 4 of 7

WELLS FARGO

BUSINESSLINE®

Prepared For	INDEP PROFESSIONALS PC DAVID H LANE
Account Number	0663
Statement Closing Date	05/05/16
Days in Billing Cycle	29
Next Statement Date	06/06/16

Credit Line	$100,000
Available Credit	$0

For 24-Hour Customer Service Call:
800-225-5935

Inquiries or Questions:
WF Business Direct PO Box 29482
Phoenix, AZ 85038-8650

Payments:
Payment Remittance Center PO Box 51174
Los Angeles, CA 90051-5474

Payment Information

New Balance	$102,798.63
Current Payment Due	$1,931.00
Past Due Amount	$7,602.00
Total Amount Due (Minimum Payment)	**$9,533.00**
Current Payment Due Date	**05/31/16**

Your Past Due Amount of $7,602.00 and Overlimit Amount $2,798.63 are due immediately.

Your Current Payment of $1,931.00 is due 05/31/16.

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-225-5935 for payoff information.

Account Summary

Previous Balance		$98,018.82
Credits	-	$0.00
Payments	-	$0.00
Purchases & Other Charges	+	$3,968.53
Cash Advances	+	$0.00
Finance Charges	+	$811.28
New Balance	=	$102,798.63

This Account is closed to future transactions.

Promotional Balance Summary

OVERDRAFT ADVANCE	$1,907.98

Rate Information

Your rate may vary according to the terms of your agreement.

TYPE OF BALANCE	ANNUAL INTEREST RATE	DAILY FINANCE CHARGE RATE	AVERAGE DAILY BALANCE	PERIODIC FINANCE CHARGES	TRANSACTION FINANCE CHARGES	TOTAL FINANCE CHARGES
PURCHASES	10.000%	.02739%	$88.08	$0.70	$0.00	$0.70
CASH ADVANCES	10.000%	.02739%	$100,148.86	$795.49	$0.00	$795.49
OVERDRAFT ADVANCE	10.000%	.02739%	$1,900.16	$15.09	$0.00	$15.09
TOTAL				$811.28	$0.00	$811.28

See reverse side for important information.

5596 YTG 1 7 4 160505 0 F X PAGE 1 of 4 1 0 1821 4000 DQ13 01DQ5596

Detach and mail with check payable to "Wells Fargo" to arrive by Current Payment Due Date.

Make checks payable to: Wells Fargo

Account Number	0663
New Balance	$102,798.63
Total Amount Due (Minimum Payment)	**$9,533.00**
Current Payment Due Date	**05/31/16**

Amount Enclosed: $

Print address or phone changes:

Work ( )

PAYMENT REMITTANCE CENTER YTG
PO BOX 51174 9
LOS ANGELES CA 90051-5474

INDEP PROFESSIONALS PC
DAVID H LANE

GOLDEN VALLEY MN 55427-3352

If your card is ever lost or stolen:

Please notify us immediately by calling: 1-800-225-5935, 24 hours a day, 7 days a week.

Questions about your statement:

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

For all your personal or business financial service needs
Visit us at www.wellsfargo.com

Important Payment Information:

Payments made at a Wells Fargo banking location. Payments can be made at a Wells Fargo location that provides teller services. When making a payment at a Wells Fargo store you must present a separate check for each account being paid. A single check cannot be used to pay multiple accounts.

Payments by mail. Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

Payments by phone. If you are authorized to transact on the account, you may be able to initiate a payment by calling the Customer Service number listed on the front of this statement.

Payments made using Wells Fargo Online Banking or Wells Fargo Mobile. If you have access to the account via Wells Fargo Online Banking or Mobile you may be able to make a payment depending on your level of access.

Automatic Payments. You can establish automatic payments to this credit account from a Wells Fargo deposit account or any other financial institution. For enrollment information, please contact our Customer Service number listed on the front of this statement.

Timing of payments by mail or payments made at a Wells Fargo store. Payments that are received by mail or in a Wells Fargo store as of 5 p.m. on any business day will be credited as of the date of receipt. Payments we receive after 5 p.m. or on non-business days will be credited as of the next business day. Payments made at other Wells Fargo locations may not be credited for up to five business days.

When a payment is considered late. If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

© 2015 Wells Fargo Bank, N.A. All Rights Reserved.

Important Information

YOUR ACCOUNT IS SERIOUSLY PAST DUE. IT IS IMPERATIVE THAT YOU CONTACT WELLS FARGO BANK AT 1-888-843-9531.

AN OVERLIMIT FEE WAS ASSESSED WHEN YOUR ACCOUNT BALANCE EXCEEDED THE ESTABLISHED CREDIT LIMIT ON 05/05/16.

The overlimit amount is due and payable immediately. Please send a payment to: PAYMENT REMITTANCE CENTER PO BOX 51174 LOS ANGELES CA 90051-5474. You may be subject to overlimit fees in each statement period your account is overlimt.

Transaction Details

Trans	*Post*	*Reference Number*	*Description*	*Credits*	*Charges*
04/18	04/18	F182100FX000RC109	ADJUSTMENT-PAYMENTS		3,868.00
04/18	04/18		*FINANCE CHARGE* PREV CYCLE CASH ADVANCE		9.05
04/18	04/18		*FINANCE CHARGE* PREV CYCLE PURCHASES		0.13
05/05	05/05		OVERLIMIT FEE		41.35
05/05	05/05		LATE CHARGE		50.00
	PERIODIC *FINANCE CHARGE*		PURCHASES $0.70 CASH ADVANCE $810.58		811.28

5596 YTG 1 7 4 160505 0 F X PAGE 3 of 4 1 0 1821 4000 DQ13 O1DQ5596

This page intentionally blank

Send original to:
US Bankruptcy Court
301 U.S. Courthouse
300 South fourth Street
Mpls, MN 55415

Fill in this information to identify the case:

Debtor 1 Simply Smooth Laser Hair Removal

Debtor 2 ______
(Spouse, if filing)

United States Bankruptcy Court for the: District of Minnesota

Case number 16-41679-KHS

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

RECEIVED
16 NOV -9
U.S. BANKRUPTCY COURT
MINNEAPOLIS, MN

Part 1: Identify the Claim

1. Who is the current creditor?

Kaitlin Steiner
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor ______

2. Has this claim been acquired from someone else?

☑ No
☐ Yes. From whom? ______

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name: Kaitlin Steiner	Name:
Number Street: 435 4th Avenue Northwest	Number Street:
City: Milaca State: MN ZIP Code: 56353	City State ZIP Code
Contact phone (320) 982-1263	Contact phone
Contact email	Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _

4. Does this claim amend one already filed?

☐ No
☑ Yes. Claim number on court claims registry (if known) 10 Filed on 09/08/2016 (MM / DD / YYYY)

5. Do you know if anyone else has filed a proof of claim for this claim?

☑ No
☐ Yes. Who made the earlier filing? ______

Case 16-41679 Claim 3 Filed 11/10/16 Desc Main Document Page 2 of 4

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**	☐ No ☑ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3 4 4 4
7. **How much is the claim?**	$4000.44. **Does this amount include interest or other charges?** ☑ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. **What is the basis of the claim?**	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Purchased services which were not rendered
9. **Is all or part of the claim secured?**	☑ No ☐ Yes. The claim is secured by a lien on property. **Nature of property:** ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim.* ☐ Motor vehicle ☐ Other. Describe: ______ **Basis for perfection:** ______ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) **Value of property:** $______ **Amount of the claim that is secured:** $______ **Amount of the claim that is unsecured:** $______ (The sum of the secured and unsecured amounts should match the amount in line 7.) **Amount necessary to cure any default as of the date of the petition:** $______ **Annual Interest Rate** (when case was filed) ____% ☐ Fixed ☐ Variable
10. **Is this claim based on a lease?**	☑ No ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $______
11. **Is this claim subject to a right of setoff?**	☑ No ☐ Yes. Identify the property: ______

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- ☐ No
- ☑ Yes. *Check one:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
☑ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$ 2850.00
☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☑ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/05/2016 (MM / DD / YYYY)

[signature] 11-07-2016

Signature

Print the name of the person who is completing and signing this claim:

Name: Kaitlin (First name) Rose (Middle name) Steiner (Last name)

Title: Student

Company:

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 435 4th Avenue Northwest (Number Street)

Milaca (City) MN (State) 56353 (ZIP Code)

Contact phone: (320) 982-1263 Email:

Professional Services By
Simply Smooth Laser Hair Removal 125 Waite Ave N Waite Park, MN 56387

Invoice Balance	Invoice Number
$0.00	00013444
Minimum Due	**Amount Enclosed**
$0.00	
Payment Due Date	06/26/2015

For Billing Questions: 320-252-7371 (320-2LASER1)

Kaitlin Steiner
435 4th ave north west
Milaca, Mn 56353

Simply Smooth

Date	Description	Charges	Credits	Balance
06/26/2015	_Free Repeat Consultation $0.00 @ 1 Sold By: Kristin Torblaa	$0.00		$0.00
06/26/2015	Lifetime Maintenance Plan $0.00 @ 1 Sold By: Kristin Torblaa	$0.00		$0.00
06/26/2015	Legs (Full) $1,100.00 @ 7 Sold By: Kristin Torblaa	$7,700.00		$7,700.00
	Individual Service Discount		$5,002.00	$2,698.00
06/26/2015	Brazilian (F) $500.00 @ 7 Sold By: Kristin Torblaa	$3,500.00		$6,198.00
	Individual Service Discount		$2,176.00	$4,022.00
06/26/2015	SD:Same Day Purchase Over $1000.00		$100.00	$3,922.00
06/26/2015	Service Tax	$78.44		$4,000.44
06/26/2015	Cash Payment		$4,000.44	$0.00
06/26/2015			Balance:	$0.00

Signature: ______________________________ Date: 06/26/2015

Thank you for visiting Simply Smooth Laser Hair Removal. This is your receipt. Please retain for your records.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

David H. Lane
Ramona M. Lane,

BKY No. 16-41679 – KHS
Chapter 7

Debtors.

UNSWORN CERTIFICATE OF SERVICE

I, Nancy I. Spooner, declare under penalty of perjury that on November 30, 2016, I mailed copies of the attached **Notice of Hearing and Verified Motion Regarding Objection to Allowance of Claims and proposed Order** by first class mail postage prepaid to each entity named below at the address stated below for each entity:

(Debtors)
David H. Lane
Ramona M. Lane
2465 Zealand Avenue North
Minneapolis, MN 55427-3352

*__VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED__

***(Claimant)
KTMY-FM, LLC
3415 University Avenue
St. Paul, MN 55114
Attn: Gayle Kowalzek, Acctg Mgr.

(Claimant)
Kay Gruber
25779 County Road 30
Albany, MN 56307

(Claimant)
Sara Bukowski
620 80th Street NW
Rice, MN 56367

***(Claimant)
Wells Fargo Bank, N.A.
P.O. Box 29482
MAC S4101-08C
Phoenix, AZ 85038
Attn: Veronica Pacheco, VP Loan Admin Mgr.

(Claimant)
Kaitilin Steiner
435 4th Avenue NW
Milaca, MN 56353

VIA NOTICE OF ELECTRONIC FILING ONLY:
The following is the list of __**parties**__ who are currently on the list to receive e-mail notice/service for this case

- Thomas F. Miller, Attorney for Debtors
  thomas@millerlaw.com
- US Trustee ustpregion12.mn.ecf@usdoj.gov

Executed on: November 30, 2016

/e/ Nancy I. Spooner
Nancy Spooner, Paralegal
Lapp, Libra, Thomson, Stoebner &
Pusch, Chartered
120 South Sixth Street, Suite 2500
Minneapolis, MN 55402
612/338-5815

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

David H. Lane
Ramona M. Lane,

Debtors.

BKY No. 16-41679 – KHS
Chapter 7

ORDER DISALLOWING CLAIMS FOR NOS. 5, 9, 10, 20, 22 AND 26

This case is before the court on the trustee's motion objecting to the allowance of claims.

Based on the motion and the files,

IT IS ORDERED:

The following claims are disallowed:

Claimant	Date Filed	Amount	Type of Claim	Claim No.
KTMY-FM LLC	08/11/16	$20,338.50	Unsecured	5
Sara Bukowski	08/29/16	$4,090.00	Unsecured	9
Kay Gruber	10/10/16	$1,865.00	Unsecured	20
Wells Fargo Bank, N.A.	10/19/16	$102,798.63	Unsecured	22
Kaitlin Steiner	09/08/16 11/09/16	$4,000.44 $4,000.44	Unsecured Unsecured	10 26

Dated:

____
Kathleen H. Sanberg
Chief United States Bankruptcy Judge